

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE						
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND	DEP	IND	DEP	IND	DEP	
	IND	DEP	IND	DEP	IND	DEP								
1	1						51							1
2	1						52							
3	1						53							
4	1	3					54							
5		3					55							
6		4					56							
7		4					57							
8		3					58							
9		3					59							
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17		3					67							
18		3					68							
19		3					69							
20		3					70							
21	1	3					71							
22		3					72							
23		3					73							
24	1						74							
25	1						75							
26	1						76							
27		3					77							
28		3					78							
29	1						79							
30							80							
31							81							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	1						TOTAL IND.							
TOTAL DEP.	68						TOTAL DEP.							
TOTAL CLAIMS	75						TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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